STATE OF MARYLAND—CERTIFICATE OF DEATH

0353

160-a

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51

Village or City Barstow No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Harrison Armiger If U. S. Veteran, specify WAR

(a) Residence: No. Barstow St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) Jan 18, 40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month end year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Barstow (State or country) Md

FATHER

13. NAME James M. Armiger

14. BIRTHPLACE (city or town) Bristol (State or country) A. A. County

MOTHER

15. MAIDEN NAME Lovey Mister

16. BIRTHPLACE (city or town) Cedar Hill (State or country)

17. INFORMANT Father (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Barstow Date 1/22, 1940

19. UNDERTAKER James Armiger (Address)

20. FILED 1/22, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1940, to 1-20, 1940

I last saw him alive on 1/20, 1940; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
FEB 6 1940
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0354

1. PLACE OF DEATH

County: Calvert — Registration Dist. No. 51

Village or City: Calvert Co Hospt. Pr. Ind. St., Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie Viola Bowen — If U. S. Veteran, specify WAR .....

(a) Residence: No. Huntingtown St., ... Ward. .....

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Guy P. Bowen

6. DATE OF BIRTH (month, day, and year): June 18, 1887

7. AGE: Years 52 — Months 6 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Neil Jones.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Eliza Turner.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Ellis Bowen, Huntingtown

18. BURIAL, CREMATION, OR REMOVAL — Place: Calvary — Date: 1/6, 1940

19. UNDERTAKER (Address): W. H. Hutchins, Owings, Md.

20. FILED: 1/4, 1940 — I. N. King, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 4, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1939, to date, 19....

I last saw her alive on Jan 4, 1940; death is said to have occurred on the date stated above, at 8 45/a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?
Intestinal obstruction	12/15

Other Contributory Causes of importance:

Surgical shock	1 day

Name of operation: Removal — Date of: 1/3/40

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. Briscoe M. D.

(Address) Prince Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

0355

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Pr. Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy Janette Brady.

3. (b) Social Security Number None

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1938

8. AGE: Years 1 Months 20 8 Days 28 29 If less than one day hrs. min.

9. Birthplace Prince Frederick
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Roland Brady
13. Birthplace Calvert Co.

MOTHER
14. Maiden name Ruth Virginia Gibson
15. Birthplace Calvert Co.

16. Informant Roland Brady

Address Prince Frederick

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 9 1940 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Pr. Frederick, Md.

18. Funeral director W. H. Hutchins

Address Owings, Md.

19. 1/8 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 1939, to January 7 1940, and that I last saw her alive on January 6 1940.

Immediate cause of death Lobar Pneumonia

DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 1/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

0356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Ches. Beach, Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Ches. Beach, Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Curtis Brown

3. (b) Social Security Number None

4. Sex male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1939

8. AGE: Years — Months 4 Days 2 If less than one day — hrs. — min.

9. Birthplace Ches. Beach (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Velvet Brown

13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden name Ethel Smith

15. Birthplace Calvert Co. Md.

16. Informant Velvet Brown

Address Ches. Beach, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 20, 1940 (month) (day) (year)

Cemetery or crematory Plum Pt.

Location

18. Funeral director Velvet Brown

Address Ches. Beach, Md.

19. 1/19 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1940, at 2A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death —

Due to Whooping cough

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Huntingtown Md Date signed 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0357

1. PLACE OF DEATH (61)

County Calvert Registration Dist. No. 52

Village or City Chaney, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Thomas Chaney If U. S. Veteran, specify WAR No

(a) Residence: No. Chaney, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Carcaud

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1846

7. AGE Years 93 Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chaneyville (State or country) Maryland

FATHER

13. NAME Lewis Andrew Chaney

14. BIRTHPLACE (city or town) Chaney (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Higgins

16. BIRTHPLACE (city or town) Dunkirk (State or country) Md.

17. INFORMANT Miss Carrie Hardesty (Address) Chaney, Md

18. BURIAL, CREMATION, OR REMOVAL Place Shiloh Date Jan. 10, 1940

19. UNDERTAKER William Welch (Address) Friendship.

20. FILED Jan. 10, 1940 W. H. Hardesty. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1940, to Jan 8, 1940

I last saw him alive on Jan 8, 1940; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	1 mo.
Other Contributary Causes of importance:	
Hypertrophied prostate	5 yrs
Diabetes Mel.	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Bussing M. D.

(Address) Prince Frederick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0358

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Dunkirk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dunkirk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith Blanche Drury

3. (b) Social Security Number

4. Sex F

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1872

8. AGE: Years 66 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace Anne Arundel Co, Md (Town, county, and state)

10. Usual occupation Clerical work

11. Industry or business Government

FATHER 12. Name John Henry Drury

13. Birthplace Anne Arundel Co Md

MOTHER 14. Maiden name Elizabeth Jane Carcaud

15. Birthplace Calvert Co Md

16. Informant Miss Violet P. Drury

Address Dunkirk Md

17. (Burial, cremation, or removal. Which?) Date thereof 1 - 15 - 40 (month) (day) (year)

Cemetery or ~~crematory~~ Shiloh

Location Dunkirk Md

18. Funeral director Jas Gawler's Sons

Address 1756 Pa Ave N.W. Wash D.C.

19. Jan 14 1940 (Date rec'd by registrar) W. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4 1939, to Jan 13 1940, and that I last saw her alive on Jan 12 1940

Immediate cause of death Hemiplegia — DURATION Oct 1939

Due to Cerebral hemorrhage C.V.S.R. Duration: two months

Due to

Other conditions Pulmonary Oedema — 3 day

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ronald Sasscer M. D. or other

Address Upper Marlboro Date signed 1/13/40

RECEIVED
FEB 8 1940
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0359

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Solomons

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Edward Elliott

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mrs. Rosa V. Elliott

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 1858

8. AGE: Years	Months	Days	If less than one day
81	10		hrs. min

9. Birthplace: Calvert County, Md.
(Town, county, and state)

10. Usual occupation: Oysterman

11. Industry or business:

FATHER 12. Name: unk

13. Birthplace: Maryland

MOTHER 14. Maiden name: unk.

15. Birthplace: Maryland

16. Informant: Harry Elliott

Address: Solomons Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/23/40 (month) (day) (year)

Cemetery or crematory: M. E. Cemetery

Location: Solomons. Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md

19. 1/22 19 40 (Date rec'd by registrar) Dr. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 21 19 40, at 1 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 12/15 19 38, to 1/21 19 40, and that I last saw him alive on 1/15 19 40.

Immediate cause of death: Chronic Myocarditis — DURATION: 3 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. E. S. Coster

Address: Solomons Md M. D. or other

Date signed: 1/22/40

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

0360

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Appeal
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Appeal Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: William Cluster Jefferson

3. (b) Social Security Number: no

4. Sex: male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mattie Jefferson
6 (c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): Feb. 21-1906

8. AGE:

Years	Months	Days	If less than one day
34	10	26	hrs. min.

9. Birthplace: Appeal, Maryland.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farmer

FATHER
12. Name: Augustus Jefferson
13. Birthplace: Appeal, Maryland

MOTHER
14. Maiden name: Annie Philips
15. Birthplace: Appeal, Maryland.

16. Informant: Mattie Jefferson
Address: Appeal - Maryland.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 19. 1940 (month) (day) (year)
Cemetery or crematory: St. Johns
Location: Lusby, Maryland

18. Funeral director: P. E. Sewell
Address: Prince Frederick, Md.

19. 1/17 1940 (Date rec'd by registrar) Dr. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 17 1940, at 1 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9 1940, to Jan. 17 1940 and that I last saw him alive on Jan. 16 - 1940.

Immediate cause of death: Broncho-pneumonia — DURATION: 6 days
Due to: Influenza — 7 days
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. S. Coster M. D. ~~or other~~
Address: Solomons, Md. Date signed: 1/17 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
FEB 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0361

1. PLACE OF DEATH (93a)

County Calvert Registration Dist. No. 52

Village or City Dunkirk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs Susan Ann Marquess If U. S. Veteran, specify WAR Marquess

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Marquess

6. DATE OF BIRTH (month, day, and year) Sept 16, 1867

7. AGE 72 Years Sept 16/39 | Months 3 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co (State or country) Md

FATHER

13. NAME Lewis Chaney

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

MOTHER

15. MAIDEN NAME Mariah Dowell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Gertie Hawes (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dunkirk Date Jan 11, 1940

19. UNDERTAKER W H Hutchins (Address) Owings Md

20. FILED Jan 11, 1940 W. H. Hardesty. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1929, to Jan 9, 1940

I last saw her alive on Jan 9, 1940; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute myocarditis	11/4/40
Hypertension	?

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Hugh Howard M. D.

(Address) Owings Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0362

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County: Calvert

City or town: Island Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Island Creek, Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Island Creek, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Island Creek, Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Martin

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Luther Martin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1880

8. AGE:

Years	Months	Days	If less than one day
59	0	8	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Homework

11. Industry or business

FATHER

12. Name: Benjamin Curtiss

13. Birthplace: Virginia

MOTHER

14. Maiden name: Mary

15. Birthplace: Virginia

16. Informant: Mrs Norris G. Hardesty

Address: Island Creek, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 4, 1940 (month) (day) (year)

Cemetery or crematory: Island Creek (Waters' Memorial)

Location: Island Creek

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. Jan. 3 1940 (Date rec'd by registrar) H. Clark Bowie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3rd 1940, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to January 1 1940, and that I last saw her alive on January 1 1940

Immediate cause of death: Uremia — DURATION: 3 days

Nephrosclerosis

Due to: Arteriosclerosis — ?

Due to

Other conditions: Hemiplegia — 17 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Page L. Jett M. D. or other

Address: Prince Frederick Date signed: 1/3/40

RECEIVED
JAN 6 1940
U.S. PATENT

STATE OF MARYLAND—CERTIFICATE OF DEATH

0363

1. PLACE OF DEATH

County Calvert Registration Dist. No. 5-2

Village or City Cal. Co. Hospital No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Mason If U. S. Veteran, specify WAR

(a) Residence: No. Chas. Beach St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16- 38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. (7-16-38)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cal. Co Md
(State or country)

FATHER

13. NAME James Mason

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Melvia Dixon

16. BIRTHPLACE (city or town) Calvert Co, Md
(State or country)

17. INFORMANT Melvia Mason
(Address) Chas. Beach

18. BURIAL, CREMATION, OR REMOVAL
Place St. Edmunds Date Jan. 10, 1940

19. UNDERTAKER Melvin Newton
(Address) Poplars, Md

20. FILED Jan. 10, 1940, Virgie P. Carpenter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 5 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1940, to Jan 5- 1940

I last saw him alive on Jan 5- 1940; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia bilateral	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Wagner M. D.

(Address) Huntingtown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1930 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

0364

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Olivet

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Olivet Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie Millard

3. (b) Social Security Number none

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife George Millard

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Mar. 14 - 1889

8. AGE: Years 50 Months 10 Days 4 If less than one day hrs. min.

9. Birthplace Olivet. Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Goff

13. Birthplace Baltimore, Md

MOTHER 14. Maiden name Rachel Holly

15. Birthplace St. Marys. Maryland

16. Informant Joseph Goff

Address Lusby. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/21/40 (month) (day) (year)

Cemetery or crematory Olivet - Maryland

Location

18. Funeral director P. E. Sewell

Address Prince Frederick

19. 1/19 1940 (Date rec'd by registrar) Dr E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 - 1940, at 10 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 - 1940, to Jan 18 1940, and that I last saw her alive on Aug 7 1939.

Immediate cause of death Uterine Cancer — DURATION 6 mos

Due to (Treated - University Hospital)

Due to Aug to Dec. 27 - 1939. Balto. Md

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. E. S. Coster M. D. or other

Address Solomons Md Date signed 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

0365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Chesapeake Beach Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Morsell.

3. (b) Social Security Number None

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced Widow

8 (b) Name of husband or wife Benj. D. Morsell.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Chesapeake, Beach.~~

8. AGE: Years 82 | Months | Days | If less than one day hrs. min.

9. Birthplace Chesapeake Beach, Calvert, Md.
(Town, county, and state)

10. Usual occupation House Wife.

11. Industry or business

FATHER
12. Name David Earle, Sr.
13. Birthplace Chesapeake Beach, Md.

MOTHER
14. Maiden name Mary Ann Jones.
15. Birthplace Calvert Co, Md.

16. Informant Willie S. Morsell.

Address 1630 – 3rd St, NW. Wash, DC.

17. Burial Date thereof 1-15-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Edmonds

Location Calvert Co. Md.

18. Funeral director R. E. Sewell.

Address Prince, Frederick Md.

19. 1-13 1940 G. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1940, at 5 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/5 1939, to 1/10 1940, and that I last saw her alive on 1/10 1940.

Immediate cause of death Hypostatic pneumonia
Cerebral Accident
Due to Hypertension.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. J. Warner M.D.
M. D. or other

Address Huntingtown Date signed 1-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(M)

CEIVED
FEB 6 1949
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170C)

0366

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Olivet

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: St Leonards Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Vincent Scott

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Maggie Scott

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1884

8. AGE: Years: 55 Months: 3 Days: 6 If less than one day: hrs. min.

9. Birthplace: Calvert County, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Hilary Scott

13. Birthplace: Calvert County, Md

MOTHER

14. Maiden name: Nora Stinnett

15. Birthplace: Calvert County Md.

16. Informant: Margaret Scott

Address: St. Leonard, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10, 1940 (month) (day) (year)

Cemetery or crematory: Emanuel Church

Location: Plum Point, Md.

18. Funeral director: A. A. Hackness & Son

Address: Mutual Md.

19. 1/9 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/7/1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Not attended

Immediate cause of death: Crushing wound of chest and neck

Due to: Auto accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: few minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 1/7/40

Where did injury occur? Olivet (City or town) Cal (County) Md (State)

Injured at home, farm, industry, public place (where?): state road.

Means of injury: Auto turned over. Injured at work? no.

23. SIGNATURE: E. Bussie M. D. or other

Address: Deputy Med. Examiner for Calvert Co. Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106-D

0367

CERTIFICATE OF DEATH

Reg. Diat. No. 5-1

1. PLACE OF DEATH:

County Calvert,

City or town Owings md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Smith.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1868

8. AGE:

Years	Months	Days	If less than one day
71	5	12	hrs. min.

9. Birthplace Calvert Co, md.

(Town, county, and state)

10. Usual occupation Home (Wife) work.

11. Industry or business

FATHER 12. Name Benjamin Smith.

13. Birthplace Calvert Co. md.

MOTHER 14. Maiden name Rachael Brown.

15. Birthplace Calvert Co, md.

16. Informant John Smith.

Address Owings, md.

17. Burial Date thereof 1-10-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Edmonds

Location Calvert Co. md

16. Funeral director P.E. Sewell

Address Prince Frederick, Md

19. 1/9/40 19 L. N. Tenney

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9/40 19, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1939, to Jan 2 1940, and that I last saw h ex alive on Jan 2 1940.

Immediate cause of death Cardiac Failure — DURATION 2 weeks

Due to Arteriosclerosis

Due to Chronic Bronchitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page S Pratt M. D. or other

Address Prince Frederick Date signed 1/8/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0368

1. PLACE OF DEATH (937)

County Calvert — Registration Dist. No. 50

Village or City Owings — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidanca in city or town where daath occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Mary Agnes Wells — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
F	W	Wid

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of: David Wells

6. DATE OF BIRTH (month, day, and yaar): Jan 16, 1866

7. AGE	Yaars	Months	Oays	If LESS than 1 day, ____ hrs. or ____ min.
	73	11	19	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.: ____

10. Oate daceased last worked at this occupation (month and yaar): ____

11. Total time (years) spant in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: W. J. Cox

14. BIRTHPLACE (city or town) (Stata or country): Md

MOTHER

15. MAIDEN NAME: Susan Ann Truman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Addrass): Mrs. David Wells, Owings Md

18. BURIAL, CREMATION, OR REMOVAL

Placa: Mt Harmony — Oata: Jan 7, 1940

19. UNDERTAKER (Address): W. H. Hutchins, Mt Harmony

20. FILED Jan 6, 1940 — W. H. Hardesty, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended decaasad from Feb, 1932 to Jan 5, 1940

I last saw h[illegible] alive on Jan 1, 1940; daath is said to hava occurrad on the date stated abova, at 6 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance ware as follows:

	Oate of onset
Cerebral hemorrhage	1 Yr
Myocarditis	2

Other **Contributory Causes** of importance:

Chronic myocarditis

Name of operation ____ Date of ____

Whet test confirmed diagnosis? ____ Was thare an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of Injury ____

24. Wes disease or injury in any way releted to occupation of deceased? No

If so, spacify ____

(Signad) H. Evans Md M. D.

(Address) Owings Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 7 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0369

83-a

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Calvert

City or town Solomons

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Solomons, Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harry M. Woodburn

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Mary Files Woodburn

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1867

8. AGE:

Years	Months	Days	If less than one day
72	2	26	hrs. min.

9. Birthplace St. Mary's County, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business Retired

FATHER 12. Name Woodburn

13. Birthplace St. Mary's County

MOTHER 14. Maiden name Matilda Mattingly

15. Birthplace St. Mary's County

16. Informant Preston Woodburn

Address Solomons, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 22, 1940 (month) (day) (year)

Cemetery or crematory Solomons M.E. Cemetery

Location Solomons, Md.

18. Funeral director A. A. Harkness & Son

Address Mutual, Md.

19. 1/21 (Date rec'd by registrar) 1940 D. E. L. Foster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1937, to January 18 1940, and that I last saw him alive on January 18 1940.

Immediate cause of death	DURATION
Pulmonary Edema	4 days
Due to Hemiplegia + Asphasia Sclerosis	6 weeks
Due to Hypertension	5 years
Primary Cause: Cerebral Hemorrhage	
Other conditions Duration: Seven weeks. Cured.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roger Jett M. D. or other

Address Prince Frederick Date signed 1/20/40

RECEIVED
FEB 7 1940
BUREAU V. S.